

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
IND	DEP	IND	DEP	IND	DEP	
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TOTAL IND.	1					
TOTAL DEP.	7					
TOTAL CLAIMS	8					
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